PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032

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ees pursuant to the	Effective on Consolidated A		t, 2005 (H.R. 4818).
FEE	<b>TRAI</b>	NSMI	TTAL

For FY 2005

X Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 500.00

Name (Print/Type)

Joe Niek

Complete if Known					
Application Number	10/705,337				
Filing Date	11/10/2003				
First Named Inventor	Garry Tsaur				
Examiner Name	David J. Walczak				
Art Unit	3751				
Attorney Docket No.					

Date

<u> </u>	L`	·						
METHOD OF F	AYMENT (check a	Il that apply)						
X Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: Deposit Account Name:								
For the at	ove-identified depos	t account, the Dir	ector is herel	y authorized to	o: (check all tha	at apply)		
Ch	arge fee(s) indicated	pelow		Char	ge fee(s) indica	ated below, exce	ept for the filing fee	
	arge any additional fe		ments of fee(	s) Cred	it any overpayr	ments	_	
WARNING: Informa	fer 37 CFR 1.16 and tion on this form may	become public. Cr	edit card infor	mation should i	not be included	on this form. Pro	vide credit card	
	thorization on PTO-20	38.						
FEE CALCULA						<del></del>		
1. BASIC FILIN	IG, SEARCH, AND FILING	EXAMINATIO FEES		H FEES	FXAMINA <sup>-</sup>	TION FEES		
Application 1		Small Entity Fee (\$)		Small Entity		mall Entity	Fees Paid (\$)	
Utility	300	150	500	<u>Fee (\$)</u> 250	200	<u>Fee (\$)</u> 100	1 000 1 010 (0)	
Design	. 200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0	-	
2. EXCESS CL	AIM FEES						Small Entity	
Fee Description Each claim over	· 20 or. for Reissue	s. each claim o	ver 20 and 1	nore than in	the original p	atent	Fee (\$) Fee (\$) 50 25	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100								
Multiple depend		Fan (\$\	Fee Pa	اما ( <i>ۇ</i> )	Multiple De	nandant Claim	360 180	
Total Claims - 20	Extra Clair or HP =	ns <u>Fee (\$)</u> x	=		Fee (\$)	pendent Claim Fee Pa		
_	ber of total claims paid t	-		:d (¢)			<u> </u>	
Indep. Claims 6   Extra Claims   Fee (\$)   Fee Paid (\$)								
HP = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)								
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)								
Other:								
SUBMITTED BY	16	- 1	R	egistration No.	46,961	Telenhone	e (626) 964-4227	
Signature	1,00			ttorney/Agent)	40,001	Tolephone	, (020) 007-7221	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.